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23 UNITED STATES DISTRICT COURT
24 FOR THE NORTHERN DISTRICT OF CALIFORNIA
25 SAN FRANCISCO DIVISION

26 AMERICAN FEDERATION OF
27 GOVERNMENT EMPLOYEES, AFL-CIO, et
28 al.,

Plaintiffs,

v.

DONALD J. TRUMP, in his official capacity
as President of the United States, et al.,

Defendants.

Case No. 3:25-cv-03698-SI

**DECLARATION OF MICAH NIEMEIER-
WALSH, PH.D.**

DECLARATION OF MICAH NIEMEIER-WALSH, PH.D.

I, Micah Niemeier-Walsh, declare as follows:

1. I am over 18 years of age and competent to give this declaration. This declaration is based on my personal knowledge, information, and belief. I am providing this declaration in my capacity as a union officer.

2. I am the Vice President of the American Federation of Government Employees (“AFGE”) Local 3840 (“Local 3840” or “Union”). I joined the Union when I started working at the National Institute for Occupational Safety and Health (“NIOSH”) in 2020 and have held various leadership positions, including chief steward and member of the contract negotiation team.

3. Local 3840 represents a bargaining unit of 215 civil servants who work for NIOSH. These employees include Industrial Hygienists, Materials Engineers, Technical Information Specialists, Health Communications Specialists, and Research Epidemiologists in Cincinnati, Ohio, as well as in Kentucky and Indiana. These bargaining unit members perform and apply research in the areas of industrial hygiene, epidemiology, and engineering to address occupational health and safety concerns. They provide services directly to businesses, federal agencies, state and local governments, and workers to mitigate health and safety risks at workplaces. Many of the bargaining unit members have advanced graduate degrees in occupational health, public health, science, engineering, and medicine.

4. Local 3840’s mission is to advocate for and promote the interests of bargaining unit members in their federal employment. As the exclusive bargaining representative of these workers, the Union provides many services to all bargaining unit members. Core functions of the Union include collective bargaining with NIOSH to obtain a fair and reasonable collective bargaining agreement (“CBA”); filing and negotiating grievances against the agency to enforce the

1 terms and conditions of the CBA; pursuing arbitrations on behalf of workers to enforce the CBA;
2 and providing other support, guidance, and resources to bargaining unit employees.

3 5. I am an Industrial Hygienist at NIOSH, which is part of the Centers for Disease
4 Control (“CDC”) in the Department of Health and Human Services (“HHS”).

5 6. NIOSH is responsible for conducting research and making recommendations for
6 preventing work-related injuries and illnesses. The agency seeks to improve worker health and
7 safety across all types of workplaces, including coal mines, fire departments, oil and gas wells,
8 construction sites, small businesses, and hospitals. The agency conducts investigations of
9 occupational health and safety concerns, often at the request of businesses and other organizations;
10 researches occupational hazards; develops guidance to address those hazards; and provides
11 graduate and post-graduate training on occupational health and safety through its Education and
12 Research Centers.
13

14 7. NIOSH’s responsibilities to conduct research and investigations, develop guidance,
15 and provide training on occupational health and safety are mandated by the Occupational Safety
16 and Health Act, 29 U.S.C. §§ 669–671, among other statutes.
17

18 8. NIOSH employees are based primarily in research laboratories and offices in
19 Cincinnati, Ohio; Morgantown, West Virginia; Pittsburgh, Pennsylvania; Spokane, Washington;
20 Washington, D.C.; Atlanta, Georgia; and Denver, Colorado.
21

22 9. I started working at NIOSH in August 2020, after receiving my Doctor of
23 Philosophy in Environmental and Occupational Hygiene from the University of Cincinnati
24 College of Medicine. My graduate research was funded by NIOSH’s Education and Research
25 Center at the University of Cincinnati. I also worked at NIOSH as an undergraduate intern from
26 2012–2015.
27
28

1 10. In my current role, I serve as a technical expert for the National Firefighter Registry
2 for Cancer, which aims to understand and reduce the risk of cancer among firefighters across the
3 United States. Firefighters are exposed to a range of hazards through their work, including
4 chemicals released during a fire and chemical products used in firefighting, that increase their risk
5 of developing cancer. My work also focuses on firefighters' exposure to chemicals released
6 during electric vehicle fires. I study the effects of exposures on firefighters' risk of developing
7 cancer and research ways to reduce that risk.
8

9 11. The Union first became aware of President Trump's plan to conduct large-scale
10 reductions in force ("RIFs") through the February 11, 2025, Executive Order. No one from
11 NIOSH had said anything about large-scale RIFs to the Union prior to that Order. My
12 understanding is that, prior to the Order, my Division (NIOSH's Division of Field Studies and
13 Engineering, which includes the National Firefighter Registry for Cancer) was fully funded and
14 did not need to conduct any RIFs.
15

16 12. On March 27, 2025, Robert F. Kennedy, Jr., the Secretary of HHS, announced in a
17 video on X, formerly Twitter, that "[a]s part of President Trump's DOGE workforce reduction
18 initiative," HHS was planning large-scale RIFs and reorganization. A true and correct copy of
19 Secretary Kennedy's post on X, which can also be found at
20 <https://x.com/SecKennedy/status/1905243470366670926>, and a true and correct transcription of
21 the video announcement are attached hereto as Exhibit A. Secretary Kennedy announced that
22 HHS would merge its 28 divisions into 15 divisions, form a "new organization [within HHS]
23 called the Administration for a Healthy America or AHA," and "downsize from 82,000 full-time
24 employees to around 62,000." Ex. A. He explained that HHS plans to "par[e] away excess
25 administrators, while increasing the number of scientists and frontline health providers," in order
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1 to “save taxpayers nearly \$2 billion a year” and “return HHS to its original commitment to public
2 health and gold-standard science.” Ex. A.

3 13. Later that day, HHS also issued a press release and fact sheet regarding Secretary
4 Kennedy’s announcement. A true and correct copy of the press release, which can also be found
5 at <https://www.hhs.gov/press-room/hhs-restructuring-doge.html>, is attached hereto as Exhibit B.
6 A true and correct copy of the fact sheet, which can also be found at [https://www.hhs.gov/press-](https://www.hhs.gov/press-room/hhs-restructuring-doge-fact-sheet.html)
7 [room/hhs-restructuring-doge-fact-sheet.html](https://www.hhs.gov/press-room/hhs-restructuring-doge-fact-sheet.html), is attached hereto as Exhibit C. Both documents
8 state that HHS is carrying out “a dramatic restructuring in accordance with President Trump’s
9 [February 11] Executive Order.” Ex. B, p. 1; *see also* Ex. C, p. 1. The documents also confirm
10 that HHS plans to downsize its workforce from 82,000 to 62,000 full-time employees, with 10,000
11 of those employees eliminated through RIFs and the rest through early retirement, Fork in the
12 Road, and other efforts. Ex. B, p. 1; *see also* Ex. C, p. 1. According to the documents, HHS will
13 combine NIOSH with several other agencies to create the Administration for a Healthy America
14 (“AHA”), which will “improve coordination of health resources for low-income Americans.” Ex.
15 B, p. 2; *see also* Ex. C, p. 2.

16 14. On the same day as Secretary Kennedy’s announcement (March 27, 2025),
17 Christina Ballance, the then-Executive Director of HHS’s National Labor and Employee Relations
18 Office, notified Local 3840 by email that HHS “will be implementing a [RIF] of employees across
19 HHS that will likely impact members of your union.” A redacted copy of the email thread that
20 includes the March 27 email from Ballance is attached hereto as Exhibit D. The email stated that
21 the RIF was being done “in accordance with President Donald Trump’s Executive Order 14210,
22 dated February 11, 2025,” and is “primarily aimed at administrative positions” and “roles in high-
23 cost regions and employees in programmatic areas that have been determined to be redundant or
24 duplicative.” Ex. D, p. 6. According to the email, the RIF would impact approximately 8,000 to
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1 10,000 employees, and specific RIF notices may be sent to employees as early as the next day
2 (March 28). Ex. D, p. 6.

3 15. The March 27 email from Ballance also included an attachment, which notified the
4 Union that approximately 165 bargaining unit employees would be affected by the proposed RIF,
5 with the probable effective date of June 30, 2025. A redacted copy of the document is attached
6 hereto as Exhibit E.

7
8 16. Later on March 27, Diane Wormus, the President of Local 3840, requested
9 information from Ballance regarding the “reasons for the RIF,” “number and types of positions
10 affected,” and “names of the Bargaining Unit Employees affected.” A true and correct copy of
11 Wormus’s email can be found at page 4 of Exhibit D. HHS never provided information in
12 response to the March 27 information request.

13
14 17. On April 1, the Union again requested information from HHS regarding the RIF,
15 including “reason(s) for the RIF,” “number of positions affected,” “types and grades of positions
16 affected,” “competitive area in which the RIF will be conducted,” “competitive levels to be
17 initially affected,” “number and work location of employees involved,” “proposed effective date,”
18 and “[a]ll actions adopted or expressly rejected before deciding to conduct a RIF.” A true and
19 correct copy of the Union’s April 1 Information Request can be found at pages 1–3 of Exhibit D.
20 To date, the Union has not received the requested information.

21
22 18. In the meantime, HHS began sending individual RIF notices to NIOSH employees.
23 On April 1, I received a RIF notice, notifying me that my position will be terminated because of
24 the RIF. A true and correct copy of RIF notice is attached hereto as Exhibit F. The notice stated
25 that “[t]he decision to conduct a RIF has been made in accordance with the Executive Orders
26 signed by President Donald Trump—including the Department of Government Efficiency
27 Workforce Optimization Initiative dated February 11, 2025—and the Department of Health and
28

1 Human Services' (HHS) broader strategy to improve its efficiency and effectiveness to make
2 America healthier." Ex. F, p. 1.

3 19. According to the notice, the competitive area and level for the RIF is NIOSH's
4 Division of Field Studies and Engineering. This means my entire Division will be eliminated.
5 The notice provides that employees will be ranked on a "retention register based on tenure,
6 veterans' preference, length of service, and performance ratings." But despite repeated requests
7 by the Union, HHS has not provided the retention register or any other information regarding how
8 many positions have been terminated.
9

10 20. In early April, HHS sent individual RIF notices to many other NIOSH employees.
11 I have reviewed several of these notices. They appear to be based on the same template and
12 include essentially the same information as the notice sent to me. All of the notices have
13 expressly credited the February 11, 2025, Executive Order, for the RIF.
14

15 21. I have discussed the RIFs with leaders of the other AFGE local unions representing
16 NIOSH employees: AFGE Local 1916, which represents NIOSH employees in Pittsburgh,
17 Pennsylvania, and Spokane, Washington; and AFGE Local 3430, which represents NIOSH
18 employees in Morgantown, Pennsylvania. Based on information gathered by the unions, my
19 understanding is that approximately 93% of NIOSH employees have received RIF notices. For
20 example, my understanding is that 258 out of 259 NIOSH employees in Morgantown and 221 out
21 of 222 NIOSH employees in Pittsburgh are subject to the RIF.
22

23 22. As far as I am aware, even though the notice to my Union stated that 165 out of the
24 215 employees in my bargaining unit would be subject to the RIF, we believe there are only six
25 bargaining unit employees who did not receive RIF notices, all within the Division of
26 Compensation Analysis and Support. The RIF is thus affecting approximately 97% of the
27 employees in my bargaining unit. We have not received any other information from NIOSH
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1 human resources personnel or supervisors regarding the RIFs. In fact, my understanding is that
2 the Director of NIOSH has also received a RIF notice and has been prohibited from providing
3 information regarding the RIFs to NIOSH employees.

4 23. A 93% reduction in the NIOSH workforce means that the agency will effectively
5 be eliminated and will not be able to address work-related health and safety concerns. The 7% of
6 remaining NIOSH employees will not be able to complete the work of the 93% of employees who
7 are subject to the RIF. The drastic RIFs at NIOSH will have devastating effects on the health and
8 safety of workers across the country.

9
10 24. For example, many businesses and other organizations, such as lightbulb recycling
11 facilities, poultry processing plants, and hospitals, rely on the Health Hazard Evaluation Program
12 to investigate whether health hazards are present at their workplaces and recommend ways to
13 reduce those hazards. Small businesses are especially likely to request these investigations, which
14 are conducted at no cost to the employer or employees, because they do not have the resources to
15 hire occupational health and safety consultants.

16
17 25. The Health Hazard Evaluation Program's investigations have resulted in the
18 prevention and reduction of many work-related injuries and illnesses, including those caused by
19 novel hazards. A well-known example of the Program's work involves former workers of a
20 microwave popcorn plant, who all mysteriously developed the same lung disease. At the time, no
21 one knew what the cause of the disease was. At the request of Missouri's health department,
22 NIOSH conducted an investigation and discovered that artificial butter flavorings added to
23 popcorn were causing the disease. NIOSH then developed guidance to prevent lung disease in
24 other workers who work with similar artificial flavorings, including protocols to ensure adequate
25 ventilation and isolate processes involving high exposure to hazardous chemicals.
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1 26. The Health Hazard Evaluation Program has also investigated and provided
2 guidance on reducing exposure to mercury in lightbulb recycling facilities, exposure to hazardous
3 drugs in hospitals and pharmaceutical companies, and exposure to silica dust in facilities that
4 make artificial stone (“quartz”) kitchen and bathroom countertops.

5 27. Because of the RIFs, the Health Hazard Evaluation Program has now been shut
6 down and will not be able to conduct any more of these investigations, which will threaten the
7 health and safety of workers across the country.

8 28. In addition, 221 out of 222 NIOSH employees in Pittsburgh will be terminated,
9 which will shut down NIOSH’s research program on health and safety hazards in coal and other
10 mines. The program seeks to eliminate mining fatalities, injuries, and illnesses across the mining
11 industry. The mining industry is extremely dangerous, and workers are exposed to coal mine dust,
12 other chemical and respiratory hazards, excessive noise, and the risk of explosions and other
13 accidents. The NIOSH researchers in Pittsburgh study lung diseases like black lung disease and
14 silicosis; hearing loss; and other illnesses and injuries caused by mine explosions and fires,
15 machinery, falls, electrical accidents, and other hazards. As a result of the RIF, NIOSH will not be
16 able to conduct this important research or develop guidance to prevent and reduce these serious
17 illnesses and injuries for miners.

18 29. Similarly, my coworkers at the National Firefighter Registry for Cancer and I have
19 all received RIF notices. As I mentioned, the Registry researches and develops ways to reduce the
20 risk of cancer among firefighters across the United States, which are caused by their exposure to
21 the chemicals released during a fire, chemical products used in firefighting, and other hazards.
22 Without the Firefighter Registry, NIOSH will not be able to address these health and safety
23 concerns for firefighters.
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1 30. As a result of the RIFs, NIOSH will not be able to operate its Education and
2 Research Centers, which provide graduate and post-graduate training on occupational health and
3 safety. This means that the agency will not be able to train the next generation of researchers,
4 which will have long-lasting effects on the health and safety of American workers.

5 31. In addition, my understanding is that all of the administrative support staff
6 positions for NIOSH have been terminated by the RIFs. Thus, even if there were a few
7 researchers remaining at NIOSH after the RIFs, there would be no one to make travel and other
8 arrangements for them to conduct workplace investigations, attend scientific conferences, and
9 disseminate their research regarding workplace health and safety issues.

10 32. The reorganization and large-scale RIFs are also having an immediate adverse
11 effect on the Union's ability to provide core services to its members and to accomplish its mission.
12 Because HHS has issued individual RIF notices to numerous bargaining unit members without
13 providing additional information, the Union is receiving many questions from members about
14 what is happening. Many members are concerned about their health insurance, other benefits that
15 will be affected by the RIFs, and ability to find other employment. Responding to all the
16 questions and trying to reassure members takes a lot of time, and the diversion of time toward
17 those efforts threatens the Union's ability to provide core services to unit members and to
18 accomplish its mission.

19 33. The Union's staff and activities are funded through members' voluntary dues, most
20 of which are paid through payroll deductions. As I mentioned, even though the RIF notice stated
21 that 165 out of 215 bargaining unit employees are subject to the RIF, my understanding is that all
22 but six employees in my bargaining unit received a RIF notice. If the Union no longer receives
23 dues from all or almost all of its members due to the RIF, the Union will no longer exist. Even if
24 the number of members terminated is slightly lower than what I understand it to be, the drastic
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1 reduction in membership would make it almost impossible for the Union to continue to function
2 and provide protection and other services to any remaining bargaining unit members.

3 34. In addition, the reorganization and large-scale RIFs will also have adverse effects
4 on the Union's bargaining unit members, many of whom have received RIF notices. Members
5 impacted by the RIFs will lose their health insurance and other benefits once the RIFs take effect.
6 In addition, there are not sufficient private-sector jobs in occupational health and safety, so many
7 members will have difficulty finding other employment.
8

9 I declare under penalty of perjury under the laws of the United States that the foregoing is
10 true and correct. Executed April 27, 2025, in Cincinnati, Ohio.
11

12 Micah Niemeier-Walsh
13

14 Micah Niemeier-Walsh

15 4 M / 2025
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Exhibit A



Settings

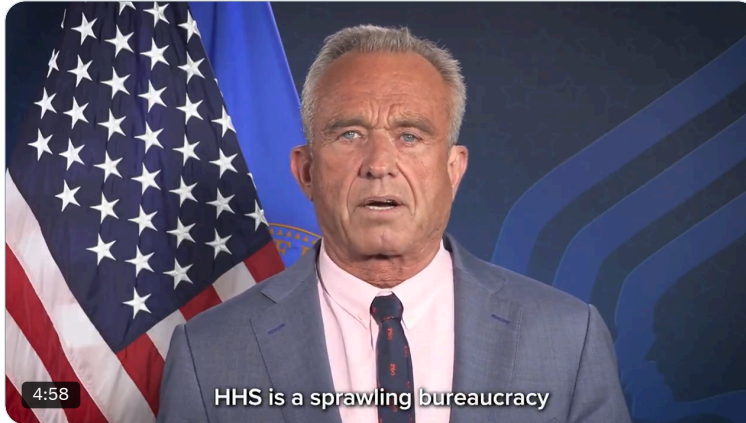
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Secretary Kennedy
@SecKennedy



We are streamlining HHS to make our agency more efficient and more effective. We will eliminate an entire alphabet soup of departments, while preserving their core functions by merging them into a new organization called the Administration for a Healthy America or AHA. This overhaul will improve the health of the entire nation — to Make America Healthy Again.



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
We are streamlining HHS to make our agency more efficient and more effective. We will eliminate an entire alphabet soup of departments, while preserving their core functions by merging them into a new organization called the Administration for a Healthy America or AHA. This overhaul will improve the health of the entire nation — to Make America Healthy Again.



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RFK Twitter Video 3.25.2025 Transcript

Hey, everybody. I'd like to share with you a paradox that I've encountered here in Washington DC as the new secretary of HHS. Our department is filled for the most part with competent, conscientious public servants, and yet the agency has been inefficient as a whole. Over the past four years during the Biden administration, HHS' budget increased by 38% and its staffing increased by 17%, but all that money has failed to improve the health of Americans. In fact, the rate of chronic disease and cancer increased dramatically as our department has grown.

Our lifespan has dropped. So Americans now live six years shorter than Europeans. We have the sickest nation in the world, and we have the highest rate of chronic disease. The US ranks last among 40 developed nations in terms of health, but we spend two to three times more per capita than those nations. As secretary, I now understand why all this money is not improving our health.

HHS is a sprawling bureaucracy that encompasses literally hundreds of departments, committees and other offices. You know how bureaucracies work. Every time a new issue arises, they tack on another committee. This leads to tremendous waste and duplication and worst of all, a loss of any unified sense of mission. Resulting pandemonium has injured American health and damaged department morale.

When I arrived, I found that over half of our employees don't even come to work. HHS has more than a hundred communications offices and more than 40 IT departments and dozens of procurement offices and nine HR departments. In many cases, they don't even talk to each other. They're mainly operating in silos. Sometimes these sub agencies work across purposes with each other.

Some of these little fiefdoms, for example, are so insulated and territorial that they actually hoard our patient medical data and sell it for profit to each other. Instead of remedying the chronic disease crisis, perverse incentives have administrators checking boxes and grading their own homework while public health declines. A few isolated divisions are neglecting

public health altogether and seem only accountable to the industries that they're supposed to be regulating. In one case, defiant bureaucrats impeded the secretary's office from accessing the closely guarded databases that might reveal the dangers of certain drugs and medical interventions. I have some good news, though.

As part of president Trump's DOGE workforce reduction initiative, we're gonna streamline HHS to make our agency more efficient and more effective. We're gonna imbue the agency with a clear sense of mission to radically improve the health of Americans and to improve agency morale. We're gonna eliminate an entire alphabet soup of departments and agencies while preserving their core functions by merging them into a new organization called the Administration for a Healthy America or We have two goals. The first is obvious to save the taxpayer money by making our department more efficient. And the second is to radically improve our quality of service.

I wanna promise you now that we're gonna do more with less. No American is gonna be left behind. Our key services delivered through Medicare and Medicaid, the FDA and CDC and other agencies will enter a new era of responsiveness and a new era of effectiveness. We're gonna consolidate all of these departments and make them accountable to you, the American taxpayer, and the American patient. These goals will honor the aspirations of the vast majority of existing HHS employees who actually yearn to make America healthy.


28 great divisions will become 15. The entire federal workforce is downsizing now, so this will be a painful period for HHS as we downsize from 82,000 full time employees to around 62,000. We're keenly focused on pairing away excess administrators while increasing the number of scientists and frontline health providers so that we can do a better job for the American people. We're gonna streamline our agency and eliminate the redundancies and invite everyone to align behind a simple, bold mission. I want every HHS employee to wake up every morning asking themselves, what can I do to restore American health today?

I wanna empower everyone in the HHS family to have a sense of purpose and pride and a sense of personal agency and responsibility to this larger goal. We're gonna save taxpayers nearly \$2,000,000,000 a year, and we're gonna return HHS to its original commitment to public health and gold standard science. I want this agency to be once again a revered scientific institution that once made HHS the envy of the world. I want everyone who works

here to be proud of this agency, to be proud of their work, to feel a renewed inspiration in their own sense of responsibility for our success in restoring America to good health. Streamlining HHS is part of a shift to new priorities, especially ending the chronic disease epidemic with clean water, safe food, effective medicine, good science, radical transparency, and a healthy environment.

I think most Americans would agree with me that throwing more money at health care isn't gonna solve the problem or would have solved it already. Obviously, what we've been doing hasn't worked. That's why we're making this dramatic overhaul, but the real overhaul is even bigger. The real overhaul is improving the health of the entire nation to make America healthy again.

Exhibit B

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FOR IMMEDIATE RELEASE

March 27, 2025

Contact: HHS Press Office

202-690-6343

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HHS Announces Transformation to Make America Healthy Again

Washington, D.C. — March 27, 2025 — Today, the U.S. Department of Health and Human Services (HHS) announced a dramatic restructuring in accordance with President Trump's Executive Order, "Implementing the President's 'Department of Government Efficiency' Workforce Optimization Initiative."

The restructuring will address this and serve multiple goals without impacting critical services. First, it will save taxpayers \$1.8 billion per year through a reduction in workforce of about 10,000 full-time employees who are part of this most recent transformation. When combined with HHS' other efforts, including early retirement and Fork in the Road, the restructuring results in a total downsizing from 82,000 to 62,000 full-time employees.

Secondly, it will streamline the functions of the Department. Currently, the 28 divisions of the HHS contain many redundant units. The restructuring plan will consolidate them into 15 new divisions, including a new Administration for a Healthy America, or AHA, and will centralize core functions such as Human Resources, Information Technology, Procurement, External Affairs, and Policy. Regional offices will be reduced from 10 to 5.

Third, the overhaul will implement the new HHS priority of ending America's epidemic of chronic illness by focusing on safe, wholesome food, clean water, and the elimination of environmental toxins. These priorities will be reflected in the reorganization of HHS.

Finally, the restructuring will improve Americans' experience with HHS by making the agency more responsive and efficient, while ensuring that Medicare, Medicaid, and other essential health services remain intact.

“We aren't just reducing bureaucratic sprawl. We are realigning the organization with its core mission and our new priorities in reversing the chronic disease epidemic,” HHS Secretary Robert F. Kennedy, Jr. said. “This Department will do more – a lot more – at a lower cost to the taxpayer.”

The specific contents of the restructuring plan that have been announced so far are as follows:

- Creation of the Administration for a Healthy America (AHA), which will combine multiple agencies — the Office of the Assistant Secretary for Health (OASH), Health Resources and Services Administration (HRSA), Substance Abuse and Mental Health Services Administration (SAMHSA), Agency for Toxic Substances and Disease Registry (ATSDR), and National Institute for Occupational Safety and Health (NIOSH) — into a new, unified entity. This centralization will improve coordination of health resources for low-income Americans and will focus on areas including, Primary Care, Maternal and Child Health, Mental Health, Environmental Health, HIV/AIDS, and Workforce development. Transferring SAMHSA to AHA will increase operational efficiency and assure programs are carried out because it will break down artificial divisions between similar programs.
- Strengthening the Centers for Disease Control and Prevention (CDC): the Administration for Strategic Preparedness and Response (ASPR), responsible for national disaster and public health emergency response, will transfer to the CDC, reinforcing its core mission to protect Americans from health threats.
- New Assistant Secretary for Enforcement: HHS will create a new Assistant Secretary for Enforcement to oversee the Departmental Appeals Board (DAB), Office of Medicare Hearings and Appeals (OMHA), and Office for Civil Rights (OCR) to combat waste, fraud, and abuse in federal health programs.
- Research and Evaluation for Health Policy: HHS will merge the Assistant Secretary for Planning and Evaluation (ASPE) with the Agency for Healthcare Research and Quality (AHRQ) to create the Office of Strategy to enhance research that informs the Secretary's policies and improves the effectiveness of federal health programs.
- Reorganization of the Administration for Community Living (ACL): Critical programs that support older adults and people with disabilities will be integrated into other HHS agencies, including the Administration for Children and Families (ACF), ASPE, and the Centers for Medicare and Medicaid Services (CMS). This reorganization will not impact Medicare and Medicaid services.

“Over time, bureaucracies like HHS become wasteful and inefficient even when most of their staff are dedicated and competent civil servants,” Secretary Kennedy said. “This overhaul will be a win-win for taxpayers and for those that HHS serves. That's the entire American public, because our goal is to Make America Healthy Again.”

For more detailed information, visit our fact sheet [/about/news/hhs-restructuring-doge-fact-sheet.html](https://www.hhs.gov/about/news/hhs-restructuring-doge-fact-sheet.html).

###

Note: All HHS press releases, fact sheets and other news materials are available at <https://www.hhs.gov/about/news/index.html> [/about/news/index.html](https://www.hhs.gov/about/news/index.html).


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Last revised: March 27, 2025

Submit a request for comment

For media inquiries, please submit a request for comment [/request-for-comment](#).

Exhibit C

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Fact Sheet: HHS' Transformation to Make America Healthy Again

Return to the press release </about/news/hhs-restructuring-doge.html>.

The restructuring of HHS is proceeding in accordance with President Trump's Executive Order, "Implementing the President's 'Department of Government Efficiency' Workforce Optimization Initiative." Over the past four years, during the Biden administration, HHS' budget increased by 38% and its staffing increased by 17%.

1. The plan combines personnel cuts, centralization of functions, and consolidation of HHS divisions, including:

- The current 82,000 full-time employees will be reduced to 62,000
- 28 divisions will be consolidated to 15
- 10 regional offices will become 5
- Human Resources, Information Technology, Procurement, External Affairs, and Policy will be centralized.

2. Regarding FDA, CDC, NIH, and CMS:

- FDA will decrease its workforce by approximately 3,500 full-time employees, with a focus on streamlining operations and centralizing administrative functions. This reduction will not affect drug, medical device, or food reviewers, nor will it impact inspectors.
- The CDC will decrease its workforce by approximately 2,400 employees, with a focus on returning to its core mission of preparing for and responding to epidemics and outbreaks. This includes moving ASPR under CDC to enhance coordination of response efforts. NOTE: The "CDC" decrease would only be 1,400 if you included the individuals coming over from ASPR (approx. 1,000 individuals).
- The NIH will decrease its workforce by approximately 1,200 employees by centralizing procurement, human resources, and communications across its 27 institutes and centers.
- CMS will decrease its workforce by approximately 300 employees, with a focus on reducing minor duplication across the agency. This reorganization will not impact Medicare and Medicaid services.

3. The consolidation and cuts are designed not only to save money, but to make the organization more efficient and more responsive to Americans' needs, and to implement the Make America Healthy Again goal of ending the chronic disease epidemic.

4. No additional cuts are currently planned, but the Department will continue to look for further ways to streamline its operations and agencies.
5. A new Administration for a Healthy America (AHA) will consolidate the OASH, HRSA, SAMHSA, ATSDR, and NIOSH, so as to more efficiently coordinate chronic care and disease prevention programs and harmonize health resources to low-income Americans. Divisions of AHA include Primary Care, Maternal and Child Health, Mental Health, Environmental Health, HIV/AIDS, and Workforce, with support of the U.S. Surgeon General and Policy team.
6. HHS will have a new Assistant Secretary for Enforcement to provide oversight of the Departmental Appeals Board (DAB), Office of Medicare Hearings and Appeal (OMHA), and the Office for Civil Rights (OCR) to combat waste, fraud, and abuse.
7. HHS will combine the Assistant Secretary for Planning and Evaluation (ASPE) and Agency for Healthcare Research and Quality (AHRQ) into the Office of Strategy to conduct research that informs the Secretary's policies and evaluates the effectiveness of the Department's programs for a healthier America.
8. The critical programs within the Administration for Community Living (ACL) that support older adults and people of all ages with disabilities will be split across the Administration for Children and Families (ACF), Assistant Secretary for Planning and Evaluation (ASPE), and Centers for Medicare and Medicaid Services (CMS).

Content created by Assistant Secretary for Public Affairs (ASPA)
Content last reviewed April 2, 2025

Exhibit D



AFGE Local 3840

Negotiations on RIF Impact and Implementation and Request for Information

Wormus, Diane L. (CDC/NIOSH/DFSE/FRB)

Tue, Apr 1, 2025 at 10:02 AM

To: "Ballance, Christina (OS/ASA/IO)" <[REDACTED]@hhs.gov>, "Wormus, Diane L. (CDC/NIOSH/DFSE/FRB)"

"Niemeier-Walsh, Micah (CDC/NIOSH/DFSE/FRB)" <[REDACTED]>

Cc: "Nagy, Thomas (OS/IOS)" <[REDACTED]>

Hello Christina –

In response to the email of formal notification (received March 31, 2025) of the implantation of a HHS Reduction in Force (RIF) with a probable effective date of June 30, 2025, **the Union is demanding to bargain over the implementation of this HHS RIF pjam. We are prepared to begin negotiations immediately.**

The Agency has failed to honor various obligations to the Union under Article 22 of our CBA.

1.) Management failed to properly provide alternatives to RIF. Employees were not given satisfactory opportunity to utilize early retirement (VERA) or buyout (VSIP) programs due to extremely brief windows to apply to these programs. Further, separations under these programs have not been completed.

2.) Management failed to provide initial notification to the Union of the following information as defined in Article 22.

1. The specific reasons why the Agency considers a RIF to be necessary;
2. The competitive area in which the RIF will be conducted;
3. The competitive levels to be initially affected;
4. The number and types of positions of employees involved;
5. The names of the Bargaining Unit Employees affected;
6. The proposed effective date; and
7. All actions adopted or expressly rejected before deciding to conduct a RIF.

3.) According to the proposed notification of employees beginning "as early as Friday, March 28, 2025," the Agency neglected its obligation to provide advanced notice to the Union 10 calendar days prior to individual employee notification, per Article 2. Further, this notification provides none of the following obligated information, such as "reason(s) for RIF,

criteria used to identify the positions affected, number of positions affected, types and grades of positions affected, and the proposed effective date." Thus the Union is unable to confidentially examine the retention registers for the Bargaining Unit employees.

4.) The Union has been given no notification of a proposed Transfer of Function (TOF) that would restructure NIOSH under a newly created Agency, despite the Agency's obligation. The Union does not consider the public letter from Secretary Kennedy a formal notification of a TOF.

The flagrant disregard to bargaining obligations from the Agency will severely impact the Union and the employees it represents. The Union demands that the Agency cease and desist any planned RIF or TOF actions until: 1.) All proper Contract obligations have been followed, 2.) The Union has been given proper notification and time to examine the Agency's actions, no less than 10 calendar days, and 3.) The Union has been given due opportunity to bargain over the Agency's proposed actions. If the Agency continues its planned actions without honoring its agreements, the Union is prepared to take action to enforce our CBA.

In order to effectively bargain, the Union is also submitting the following Request for Information:

1. Per Article 22 of our CBA:
 - a. The specific reasons why the Agency considers a RIF to be necessary;
 - b. The competitive area in which the RIF will be conducted;
 - c. The competitive levels to be initially affected;
 - d. The number and work location of employees involved;
 - e. The proposed effective date; and
 - f. All actions adopted or expressly rejected before deciding to conduct a RIF.
2. Per Article 22:
 - a. reason(s) for RIF,
 - b. criteria used to identify the positions affected,
 - c. number of positions affected,
 - d. types and grades of positions affected,

e. and the proposed effective date

Thank you,

Diane Wormus, President AFGE Local 3840

Micah Niemeier-Walsh, Vice President AFGE Local 3840

[REDACTED]

From: Ballance, Christina (OS/ASA/IO) [REDACTED]@hhs.gov>

Sent: Monday, March 31, 2025 5:14 PM

To: Wormus, Diane L. (CDC/NIOSH/DFSE/FRB) [REDACTED]

Cc: Nagy, Thomas (OS/IOS) [REDACTED]@hhs.gov>; [REDACTED]

Subject: RIF Notices

Happy Monday AFGE 3840,

Please see the attached correspondence regarding a planned reduction in force at the U.S. Department of Health and Human Services. This correspondence is provided as a courtesy without waiving any rights, including any that may be available to HHS under the March 27, 2025 Executive Order entitled "Exclusions from Federal Labor-Management Relations Programs."

Christina

Christina V. Ballance

Executive Director, National Labor and Employee Relations Office

Office of Human Resources

U.S. Department of Health and Human Services

----- Forwarded message -----

From: "Wormus, Diane L. (CDC/NIOSH/DFSE/FRB)" [REDACTED]@cdc.gov>

To: "Ballance, Christina (OS/ASA/IO)" [REDACTED]@hhs.gov>

Co: [REDACTED]

[REDACTED] "Niemeier-Walsh, Micah (CDC/NIOSH/DFSE/FRB)" [REDACTED] "Wormus, Diane L. (CDC/NIOSH/DFSE/FRB)" [REDACTED]

[REDACTED]
Bcc:

Date: Thu, 27 Mar 2025 14:04:25 +0000

Subject: RE: RIF Notice

Hello Christina -

This is notice that AFGE 3840 would like to begin negotiating impact and implementation of the RIF ASAP.

Additionally, at this time, pursuant to 5 U.S. Code Section 7114(b)(4), AFGE 3840 requests the following:

- The reasons for the RIF.
- The number and types of positions affected.
- The names of the Bargaining Unit Employees affected.

This information is needed to effectively communicate with these employees and review and determine

if any violation of law, rule, or regulation, including the CBA, have occurred and what process or forum

is needed to be pursued to rectify these violations. The Union has a statutory right to bargain and to fulfill

our legal obligations as the recognized exclusive representative on behalf of the bargaining unit employees.

The Union requests this information be delivered by March 28th, 2025.

Note: I have included Micah Niemeier-Walsh, Vice President, AFGE 3840 on this email.

Thank you,

Diane

Diane Wormus

President, AFGE Local 3840

CDC/NIOSH
[REDACTED]
[REDACTED]

[REDACTED]

From: Ballance, Christina (OS/ASA/IO) [REDACTED]@hhs.gov>

Sent: Thursday, March 27, 2025 9:43 AM

To: Wormus, Diane L. (CDC/NIOSH/DFSE/FRB)^H@cdc.gov>

Cc: [REDACTED]

Subject: RIF Notice

Dear AFGE 3840,

This letter serves as formal notification that the Department of Health and Human Services (HHS) will be implementing a Reduction in Force (RIF) of employees across HHS that will likely impact members of your union.

The relevant information for the implementation of the RIF is as follows:

- Probable Effective Date: May 27, 2025
- Type of Employees Affected: The RIF is primarily aimed at administrative positions including human resources, information technology, procurement, and finance. The RIF will also target roles in high-cost regions and employees in programmatic areas that have been determined to be redundant or duplicative with other functions in HHS or across the federal government.
- Competitive Areas Affected: A list of competitive areas is still being finalized. If a collective bargaining agreement with HHS requires notice of competitive areas to a union, HHS will notify that union as soon as possible after the competitive areas are finalized.
- Approximate number of employees affected: 8,000 to 10,000 employees.

This action is being taken in accordance with President Donald Trump's Executive Order 14210, dated February 11, 2025, and HHS's broader strategy to improve its efficiency and effectiveness to make America healthier.

Specific notices to employees may be sent as early as Friday, March 28, 2025.

Questions regarding this Notice should be directed to Christina Ballance, Executive Director, National Labor and Employee Relations Office at [REDACTED]@hhs.gov. Please advise if or when the union would like to begin negotiations on impact and implementation.

Christina

Christina V. Ballance

[REDACTED]

Executive Director, National Labor and Employee Relations Office

Office of Human Resources

U.S. Department of Health and Human Services

----- Forwarded message -----

From: "Ballance, Christina (OS/ASA/IO)" [REDACTED]@hhs.gov>

To: "Wormus, Diane L. (CDC/NIOSH/DFSE/FRB)" [REDACTED]

Cc: [REDACTED]

Bcc:

Date: Thu, 27 Mar 2025 13:43:19+0000

Subject: RIF Notice

Dear AFGE 3840,

This letter serves as formal notification that the Department of Health and Human Services (HHS) will be implementing a Reduction in Force (RIF) of employees across HHS that will likely impact members of your union.

The relevant information for the implementation of the RIF is as follows:

- Probable Effective Date: May 27, 2025
- Type of Employees Affected: The RIF is primarily aimed at administrative positions including human resources, information technology, procurement, and finance. The RIF will also target roles in high-cost regions and employees in programmatic areas that have been determined to be redundant or duplicative with other functions in HHS or across the federal government.
- Competitive Areas Affected: A list of competitive areas is still being finalized. If a collective bargaining agreement with HHS requires notice of competitive areas to a union, HHS will notify that union as soon as possible after the competitive areas are finalized.
- Approximate number of employees affected: 8,000 to 10,000 employees.

This action is being taken in accordance with President Donald Trump's Executive Order 14210, dated February 11, 2025, and HHS's broader strategy to improve its efficiency and effectiveness to make America healthier.

Specific notices to employees may be sent as early as Friday, March 28, 2025.

Questions regarding this Notice should be directed to Christina Ballance, Executive Director, National Labor and Employee Relations Office at [REDACTED]@hhs.gov. Please advise if or when the union would like to begin negotiations on impact and implementation.

Christina

Christina V. Ballance
Executive Director, National Labor and Employee Relations Office
Office of Human Resources

U.S. Department of Health and Human Services

3 attachments

 **RE: RIF Notice.eml**
28K

 **HHS Union Notification - AFGE Local 3840.pdf**
111K

 **RIF Notice.eml**
20K

Exhibit E



Dear AFGE Local 3840,

Pursuant to Article 22 of the Collective Bargaining Agreement between the Centers for Disease Control and Prevention National Institute for Occupational Safety and Health and The American Federation of Government Employees Local 3840, this letter serves as formal notification that the Department of Health and Human Services will be implementing a Reduction in Force (RIF) of employees whose functions are either unnecessary or virtually identical to duties being performed elsewhere in the agency.

The relevant information for the implementation of the RIF is as follows:

- Probable Effective Date: June 30, 2025
- Approximate number of employees affected: 165

This action is being taken in accordance with President Donald Trump's Executive Order 14210, dated February 11, 2025, and HHS's broader strategy to improve its efficiency and effectiveness to make America healthier.

Questions regarding this Notice should be directed to Tom Nagy at [REDACTED]@hhs.gov. Please advise when AFGE Local 3840 would like to begin negotiations on impact and implementation.

Sincerely,

Thomas Nagy
HHS Chief Human Capital Officer

Exhibit F



DEPARTMENT OF HEALTH & HUMAN SERVICES

Office of the Secretary

Washington, D.C. 20201

March 31, 2025

Subject: Notice of Intent to Conduct a Reduction in Force (RIF)

Dear MICAH NIEMEIER-WALSH,

This notice is to inform you that HHS will be conducting a Reduction in Force (RIF) in accordance with the Office of Personnel Management (OPM) Workforce Reshaping Handbook and Title 5 of the Code of Federal Regulations (CFR) governing RIF procedures.

Reason for RIF:

The decision to conduct a RIF has been made in accordance with the Executive Orders signed by President Donald Trump—including the Department of Government Efficiency Workforce Optimization Initiative dated February 11, 2025—and the Department of Health and Human Services' (HHS) broader strategy to improve its efficiency and effectiveness to make America healthier. This action is necessary to align our workforce with the agency's current and future needs and to ensure the efficient and effective operation of our programs.

Effective Date:

The RIF will take effect on June 30, 2025, with formal notices being issued to affected employees at least 60 days prior to the effective date, as required by Title 5 CFR.

Employee Rights and Support:

We understand that this announcement may cause concern and uncertainty. Please be assured that we are committed to supporting all affected employees throughout this process. Below are key points regarding your rights and the support available to you:

1. Competitive Areas and Levels:

- The RIF will be conducted in your competitive area

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in accordance with Title 5 CFR 351.402 and 351.403.

2. Retention Standing:

- Employees will be ranked on a retention register based on tenure, veterans' preference, length of service, and performance ratings, as outlined in Title 5 CFR 351.501.

3. Appeal Rights:

- Employees who receive a RIF notice have the right to appeal the decision to the Merit Systems Protection Board (MSPB) under Title 5 CFR 351.901.

4. Placement Assistance:

DEPARTMENT OF HEALTH & HUMAN SERVICES

Office of the Secretary

- We will provide career transition assistance, including resume workshops, career counseling, and job search resources. Additionally, we will coordinate with other Federal agencies to explore placement opportunities.

We recognize the valuable contributions of all our employees and deeply regret the need to take this action. Our priority is to ensure a fair and transparent process while providing the necessary support to those affected.

Thank you for your understanding and cooperation during this challenging time.

Sincerely,

Tom Nagy
HHS Chief Human Capital Officer